

THE TREATMENT OF FAMILIES IN WHICH THERE IS SICKNESS *

By LILIAN D. WALD

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SOCIAL REASONS FOR NOT SENDING TO HOSPITALS.

THE withdrawal of the mother from the home is always most serious and may involve the separation of the family, storing of the furniture, and the possible demoralization of the group. Sometimes her medical need must be subordinated to these considerations. If, however, the nature of her disease and the poverty of her resources require hospital care, a grown daughter, a sister, or a grandmother should assume the responsibility of keeping things together. Failing in this, there is a faint possibility of engaging a woman to look after the family; but this is uncertain, and we must look at the removal to the hospital from the woman's standpoint. She sees herself returning in a weakened condition, gathering furniture and family together, neither the better for the wear and tear of being "put by." However, these considerations must perhaps be set aside. In that event the children have to be cared for, perhaps the furniture stored, and her return anticipated. Little children may be left with friends, if there are such, remembering that the children's schooling should not be interrupted, if possible. In the absence of such friends, temporary institutional care may be provided, such as St. Barnabas Guild in New York. Grown children and a father can usually manage, and with a little friendly looking after on your part (if there is no member of the family to do so) the mother's absence can be safely risked. In one instance where we had the responsibility during the absence of the mother at the hospital, the father remained at work, the children were kept at school, and a little twelve-year-old girl, whose schooling also was not interrupted, was able to manage, with the assistance of a woman who did the family washing once a week, gave all of the children a bath, and who helped the little girl once or twice in the evening, that the week's accumulation might not be too heavy. The breaking up of the family—even temporary—is a matter for serious thought; yet deplorable results may follow if the father leaves his work to nurse the mother, loses his employment, and, being inexperienced, manages the household unwisely, sometimes destructively, and brings about the demoralization you have endeavored to avoid.

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There is practically no social reason other than that of breaking the family tie why a man (father or brother) should not go to the hospital. His illness is expensive, and the nursing, with increased laundry work added to the other cares she must assume, will fall in full measure upon the wife, often with serious injury to her health. From all points of view the sacrificing of the health of one to secure the health of another is foolish. You will usually find that the wage-earner of the family will see many reasons against his disinclination if assured that the money needed for his illness could be used for keeping the house together. If for one reason or another the patient is left at home, there should be adequate care not only for the patient but for preventive work. A patient should have a bed alone. It may be necessary to loan a bed or cot. Sick-room conditions should be established as far as possible—a good place for the bed, a table, chair, or shelf neatly fixed with tray for medicines, patient's supplies, etc. If a district nurse attend, she will give or instruct that the patient if in bed have a daily bath and sufficient linen to keep him and the bed clean. Regular provision should be made for suitable and sufficient nourishment. Sick-room appliances and supplies can usually be loaned. There should be the systematizing of the nursing, in crisis a night nurse engaged, and if the patient is a woman provision for the care of the family and the house, that the husband's employment be uninterrupted. Engaging someone to scrub and wash and to remain with the patient during the day is preferable to the man leaving his work. This, of course, means a case where there are no grown relatives who can be summoned.

HOW TO REGARD OTHERS IN THE FAMILY.

Members of the family, relatives, or neighbors should not be allowed to feel that an outsider has desire or inclination to carry the burden; rather have them feel that you are coming in to share with them and consult as to the steps taken. Indeed, not infrequently the advice from the interested neighbor, who knows the circumstances and habits of the family, is most practical. If you cannot establish coöperation with the family or their friends, you will labor under the disadvantage of having your advice discredited and your injunctions disregarded as soon as you have turned your back.

RELIEF.

Relief may come from various sources, and can be secured through the nurse or visitor without unpleasant effect. I have known frequently a sick person receive milk from the New England Diet Kitchen, ice from a fund, groceries from a society, bedding from the settlement, physician

and supplies from the dispensary, cot and delicacies from a neighboring club, and flowers from a guild—all summoned by the district nurse and not differing, except in degree, from care received by the well-to-do.

Actual relief other than that outlined in the foregoing exclusively for the sick one will be indicated if the wage-earner is incapacitated and if no money has been saved for the rainy day. If the illness is temporary, I should not say that the mere fact of illness justifies the family in seeking outside relief other than medical. Self-respecting people will pawn portable things before asking this, though properly availing themselves of free doctor and nurse.

The question whether the charity visitor should provide money to pay for the doctor when the services of a free doctor can be secured is perplexing. Excellent practitioners engaged by the dispensary are often disregarded for the less efficient, and as this is often a question of personal trust and confidence it is not easily remedied. One frequently experiences the dismay of seeing money entrusted for a specific relief turned into the hands of the doctor, who may not even know the circumstances of the possession, or who may know and who may feel that he cannot be known as a charity doctor, lest he be continually demanded for unpaid services to the destruction of his pay practice.

If sickness is long continued, the relief should be planned to extend adequately, and with no uncertainty to the patient as to its possible withdrawal. A wage-earner may be a semi-invalid and able to earn something, though not sufficient for his family's needs. The income of all the wage-earners should be reckoned, expense of sickness added, and aid given for a specific purpose—rent or food or appliances prescribed. In one case under our care a wage-earning member of the family was ill, his proper care calling for expensive surgical supplies. Private relief was secured to cover the expense of the treatment the equivalent of the young man's board, which was paid to the mother.

Rooms in which there is contagious disease should not be entered by the charity visitor, though I say this with hesitation, as complete isolation, as stated before, is not possible, and none of us are consistent in this matter.

Before dismissing the question of hospital advice one must bear in mind that no large city, certainly not New York, can give hospital room to all of its sick. It is therefore obligatory upon us to seriously plan for what might be called hospital care at home. This I believe possible under an extended district nursing service, which shall not be advisory nursing, but actual care of the sick. Recognition of this has brought to New York City, first under Dr. Lederle and now maintained and extended by the present Commissioner of Health, the services of district nurses for

contagious diseases in the tenements, the system from the first specializing for each disease. Thus there is a measles nurse, a scarlet-fever nurse, a diphtheria nurse. There is now under consideration the districting of the city by nurses for patients suffering from tuberculosis, also to be under the Department of Health. The fact that there is contagious disease in the family often brings additional hardship. When employment has been stopped, particularly in the case of women who work at home or who go out, if we believe, as I hope we all do, in the protection of the general community, it is an obligation upon us to see that the cost of this social conscience does not fall upon the poorest, the one deprived of the work.

The problem of the chronic invalid is not easily solved on account of the inadequacy of suitable institutions. There are some, however, and pressure can rightly be brought when the health of others, particularly on account of pulmonary tuberculosis, needs consideration. When the patient can be properly cared for at home, if there is insurmountable objection on the part of the patient to go to an institution, and reasonable care is given by the family, it seems sound to say that the cost of the maintenance of the patient in an institution can, without demoralization, be added to the family's income, and thus enable it to keep the incurable at home.

Friendly visitors can give valuable assistance, and establish unstrained connection with the families by assuming partial care of the children requiring orthopædic attention. These usually require being taken to the dispensary, and the saving of the time of a possibly overworked woman by attending to removal of splints, etc., is important. Such children frequently require instruction at home and regular outings, and it should not be difficult to share her responsibilities with her. One must begin very early with such children to consider the preparation for trade or profession, and there is call for thought and endeavor covering many years.

The dread of the hospitals seems inherent in many. The memory of many continental hospitals, with their want of personal consideration, and their high regard for scientific research, is partly the cause, I think. Our own hospitals, however, are not always free from the charge of being more or less mechanical and impersonal. It is, however, the first hour, the entrance to the hospital, that chills the patient and friends, and the willingness on your part to accompany the patient to the hospital, and thus make a link between the institution and the patient, the doctor and the nurse in the ward, would oftentimes do away with the objection. Such efforts as Dr. Lederle made, by taking parties of those most directly interested to see the hospitals for contagious diseases, were

right and humane, and did actually make a difference. His provision for the possibility of friends telephoning to a convalescent friend, directly to the ward, was another step towards the elimination of fear and doubt.

(To be continued.)

THE IDEAL NURSE

A RECIPE

If you would make an ideal Nurse,
Just follow these directions terse:

Take all the virtues, one by one,
That can be found beneath the sun;
Rude health will surely be required,
And strength and patience never tired;
Truthfulness almost to excess,
With tact that borders on *finesse*;
The man's control of heart and nerve,
The woman's eagerness to serve;
A spirit capable of sway,
Yet trained in meekness to obey;
An aim sublime, a tender heart,
The skill to act a varying part;
An observation wide and clear,
A watchful eye, a listening ear;
A hand as soft as velveteen
Though often washed in one-nineteen.

Take these and mix them, if you please,
In right combining quantities;
Add as a flavoring, generously,
Strong essence sweet of sympathy;
And like a sauce to bind the whole
Use true unselfishness of soul.
Warm well—the mixture's spoilt if cold;
Serve in a neat and tasteful mould.

MAY JUST.